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## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545 1150

2009

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C

KNIGHTS OF COLUMBUS 4438  
7344 APPERSON  
TUJUNGA, CA 91042

D Employer identification number

23-7219007

E Telephone number

F Group Exemption  
Number• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).G Accounting method.  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c) ( 8 ) (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 495,025.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2,440.
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less, cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 492,585.
b Less, direct expenses other than fundraising expenses	6b 446,779.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 45,806.
7a Gross sales of inventory, less returns and allowances.	7a
b Less, cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► <i>GOOD KARATE</i> )	8
9 Total revenue Add lines 1, 2, 3, 4, 5a, 6, 7c, and 8	9 48,246.
10 Grants and similar amounts paid (attach schedule)	10 29,000.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 725.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 97.
16 Other expenses (describe ► <i>See Statement 2</i> )	16 4,211.
17 Total expenses. Add lines 10 through 16	17 34,033.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 14,213.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 24,463.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 38,676.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	24,463.	22 38,676.
23 Land and buildings		23
24 Other assets (describe ► <i>See Statement 2</i> )		24
25 Total assets	24,463.	25 38,676.
26 Total liabilities (describe ► <i>See Statement 2</i> )		0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,463.	27 38,676.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)



## Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 4

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T 35  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a  Yes  No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

b Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a  Yes  No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9 39a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40b  Yes  No

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40c  Yes  No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e  Yes  No

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40f  Yes  No

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► JOHN DOTTORE Telephone no ► (661) 964-0455  
 Located at ► 7344 APPERSON Tujunga CA ZIP + 4 ► 91042

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► 42b  Yes  No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 42c  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43 43  Yes  No

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44  Yes  No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45  Yes  No

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		
47		
48		
49a		
49b		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

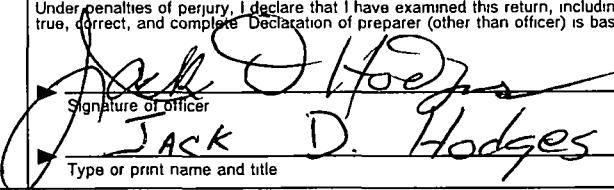
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

**d** Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		Date 101-19-2011
Signature of officer Jack D. Hedges		
Type or print name and title FINANCIAL SECRETARY		

<b>Paid Preparer's Use Only</b>	Preparer's signature ► Monica Kadera, CPA	Date 1-18-11	Check if self employed ► <input checked="" type="checkbox"/> N/A	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4 ► Professional Tax Group 28210 Ave Stanford, Suite 210 Santa Clarita, CA 91355	EIN		N/A
		Phone no	► 661-964-0455	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
Form 990-EZ (2009)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2009

Open to Public  
Inspection

Name of the organization

**Employer identification number**

KNIGHTS OF COLUMBUS 4438

23-7219007

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 FISH FRY (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	6,071.			6,071.
	2 Less. Charitable contributions.				
	3 Gross income (line 1 minus line 2)	6,071.			6,071.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,940.			2,940.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				2,940.
	11 Net income summary. Combine lines 3, column (d) and line 10				3,131.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue	486,514.			486,514.
DIRECT EXPENSES	2 Cash prizes	415,173.			415,173.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	28,666.			28,666.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				443,839.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				42,675.

9 Enter the state(s) in which the organization operates gaming activities. CA

a Is the organization licensed to operate gaming activities in each of these states? .

b If 'No,' explain.

-----

YES	NO
9a X	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

-----

10a	X
-----	---

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11	X
----	---

12	X
----	---

13 Indicate the percentage of gaming activity operated in.

a The organization's facility  
b An outside facility

13a	100.0 %
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name. ► SEAN MCGLYNNAddress. ► 7344 APPERSON, TUJUNGA, CA 91042

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.  
c If 'Yes,' enter name and address of the third party.

Name. ► \_\_\_\_\_

Address. ► \_\_\_\_\_

16 Gaming manager information

Name. ► CHARLES NAUDET

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided. ► COORDINATES VOLUNTEERS Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ 29,000. See Supplemental

KNIGHTS OF COLUMBUS 4438

23-7219007

**Part III, Line 17b**  
**Distributions Required Under State Law**

California

Total	\$	29,000.
	\$	<u>29,000.</u>

2009

**Federal Statements**

**Page 1**

**KNIGHTS OF COLUMBUS 4438**

**23-7219007**

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Amount Given:	\$ 29,000.
--------------------	------------

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$ 1,075.
Conferences, Conventions, and Meetings	644.
Office Expenses	703.
PER CAPITA TAX	1,747.
ST TAX	42.
Total	\$ <u>4,211.</u>

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

KNIGHTS OF COLUMBUS USE DUES AND FUNDRAISERS FOR RELIGIOUS, CHARITABLE,  
EDUCATIONAL AND FRATERNAL PURPOSES

**Statement 4**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	No

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545 1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► 

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>KNIGHTS OF COLUMBUS 4438</b>	Employer identification number <b>23-7219007</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>7344 APPERSON</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TUJUNGA, CA 91042</b>	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► JOHN DOTTORE

Telephone No. ► (661) 964-0455 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- calendar year 20    or
- tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)